



# Midtown Occupational Health Services

## AUTHORIZATION FOR MEDICAL TREATMENT AND/OR SERVICES

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Below Services Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Check services that are authorized and/or required below:

**INJURY TREATMENT:**

Date of Injury: \_\_\_\_\_ Part of body injured: \_\_\_\_\_

**DRUG SCREEN:**

\_\_\_ DOT Employee \_\_\_ Non-DOT employee

**Check one** \_\_\_ Post Accident \_\_\_ Random \_\_\_ For Cause \_\_\_ Pre-employment \_\_\_ Direct Observation

**BREATH ALCOHOL:**

**Check one** \_\_\_ Post Accident \_\_\_ Random \_\_\_ For Cause \_\_\_ Pre-employment

**ANCILLARY SERVICES:**

\_\_\_ Post offer physical **without** drug screen \_\_\_ Post Offer physical **with** drug screen \_\_\_ DOT Physical

\_\_\_ New Hire Asbestos Physical \_\_\_ Annual Asbestos Physical \_\_\_ Respiratory Physical \_\_\_ Pulmonary Function Test

\_\_\_ Lead/ZPP \_\_\_ Haz-Mat physical **List of Exposures:** \_\_\_\_\_

**OTHER:**

Please go to Midtown Occupational Health Services for medical services and/or treatment.

**Midtown Occupational Health Services, PC**  
**2490 West 26<sup>th</sup> Avenue, Building A, Suite 300 Denver, CO 80211**

**Hours of Operation**

**Injury Care Monday – Friday 7:00 a.m.-6:00 p.m.**  
**Pre Employment Drug Screening 7:00 a.m.-4:30 p.m.**  
**DOT Drug Screening 7:00 am-3:00 p.m.**  
**Phone: (303) 831-9393 Fax: (303) 831-6335**